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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE	
								18/049585		
								APPLICANT(S)		
								CLAIMS		
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
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TOTAL IND.	3		3							
TOTAL DEP.										
TOTAL CLAIMS	12		10							

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